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THE HISTORIC BACKGROUND OF THE NEGRO PHYSICIAN

In a homogeneous society where there is no racial cleavage, only the selected members of the most favored class occupy the professional stations. The element representing the social status of the Negro would, therefore, furnish few members of the coveted callings. The element of race, however, complicates every feature of the social equation. In India we are told that the population is divided horizontally by caste and vertically by religion; but in America the race spirit serves both as horizontal and vertical separations. The Negro is segregated and shut in to himself in all social and semi-social relations of life. This isolation necessitates separate ministrative agencies from the lowest to the highest rounds of the ladder of service. During the days of slavery the interests of the master demanded that he should direct the general social and moral life of the slave, and should provide especially for his physical well-being. The sudden severance of this tie left the Negro wholly without intimate guidance and direction. The ignorant must be enlightened, the sick must be healed, and the poor must have the gospel preached to them. The situation and circumstances under which the race found itself demanded that its professional class, for the most part, should be men of their own blood and sympathies. The needed service could not be effectively performed by

those who assumed and asserted racial arrogance, and bestowed their professional service as cold crumbs that fell from the master's table. The professional class who are to uplift and direct the lowly must not say, "So far shalt thou come, but not any farther," but rather, "Where I am, there ye shall be also."

There is no more pathetic chapter in the history of human struggle than the emergence of the smothered ambition of this race to meet the social exigencies involved in the professional needs of the masses. In an instant, in the twinkling of an eye, the plowhand was transformed into a priest, the barber into a bishop, the housemaid into a schoolmistress, the day-laborer into a lawyer, and the porter into a physician. These high places of intellectual and professional authority, into which they found themselves thrust by stress of social necessity, had to be operated with at least some semblance of conformity to the standards which had been established by the European through the traditions of the ages. The higher place in society occupied by the choicest members of the white race, and that too after long years of arduous preparation, had to be assumed by black men without personal or formal fitness. The stronger and more aggressive natures pushed themselves into these higher callings by sheer force of untutored energy and uncontrolled ambition.

An accurate study of the healing art as practiced by Negroes in Africa as well as its continuance after transplantation in America would form an investigation of great historical interest. This, however, is not the purpose of this paper. It is sufficient to note the fact that witchcraft and the control of disease through roots, herbs, charms and conjuration are universally practiced on the continent of Africa. Indeed, the medicine man has a standing and influence that is sometimes superior to that of kings and queens. The natives of Africa have discovered their own *materia medica* by actual practice and experience with the medicinal value of minerals and plants. It must be borne in mind that any pharmacopeia must rest upon the basis of practical experi-

ment and experience. The science of medicine was developed by man in his groping to relieve pain and to curb disease, and was not handed down ready made from the skies. In this groping, the African, like the rest of the children of men, has been feeling after the right remedies, if haply he might find them.

It was inevitable that the prevailing practice of conjuration in Africa should be found among Negroes after they had been transferred to the new continent. The conjure man was well known in every slave community. He generally turned his art, however, to malevolent rather than benevolent uses; but this was not always the case. Not infrequently these medicine men gained such wide celebrity among their own race as to attract the attention of the whites. As early as 1792 a Negro by the name of Cesar¹ had gained

¹ THE NEGRO CESAR'S CURE FOR POISON

Take the roots of plantane and wild hoarhound, fresh or dried, three ounces, boil them together in two quarts of water to one quart, and strain it; of this decoction let the patient take one third part, three mornings fasting, successively, from which, if he finds any relief, it must be continued until he is perfectly recovered. On the contrary, if he finds no alteration after the third dose, it is a sign that the patient has not been poisoned at all, or that it has been with such poison that Cesar's antidote will not remedy, so may leave off the decoction.

During the cure the patient must live on spare diet, and abstain from eating mutton, pork, butter, or any other fat or oily food.

N. B. The plantane or hoarhound will either of them cure alone, but they are most efficacious together.

In summer you may take one handful of the roots and of the branches of each, in place of three ounces of the roots each.

For drink during the cure let them take the following: Take of the roots of goldenrod, six ounces or in summer, two large handfuls of the roots and branches together, and boil them in two quarts of water to one quart, to which also may be added, a little hoarhound and sassafras; to this decoction after it is strained, add a glass of rum or brandy, and sweeten with sugar for ordinary drink.

Sometimes an inward fever attends such as are poisoned, for which he ordered the following: Take one pint of wood ashes and three pints of water, stir and mix well together, let them stand all night and strain or decant the lye off in the morning, of which ten ounces may be taken six mornings following, warmed or cold according to the weather.

These medicines have no sensible operation, though sometimes they work on the bowels, and give a gentle stool.

such distinction for his curative knowledge of roots and herbs that the Assembly of South Carolina purchased his freedom and gave him an annuity of one hundred pounds.

That slaves not infrequently held high rank among their own race as professional men may be seen from the advertisements of colonial days. A runaway Negro named Simon was in 1740 advertised in *The Pennsylvania Gazette*² as being able to "bleed and draw teeth" and "pretending to be a great doctor among his people." Referring in 1797 to a fugitive slave of Charleston, South Carolina, *The City Gazette and Daily Advertiser*³ said: "He passes for a Doctor among people of his color and it is supposed practices in that capacity about town." The contact of such practitioners with the white race was due to the fact that the profession of the barber was at one time united with that of the physician. The practice of phlebotomy was considered an essential part of the doctor's work. As the Negro early became a barber and the profession was united with that of the physician, it is natural to suppose that he too would assume the latter function. That phlebotomy was considered an essential part of the practice of the medi-

The symptoms attending such as are poisoned, are as follows: A pain of the breast, difficulty of breathing, a load at the pit of the stomach, an irregular pulse, burning and violent pains of the viscera above and below the navel, very restless at night, sometimes wandering pains over the whole body, a reaching inclination to vomit, profuse sweats (which prove always serviceable), slimy stools, both when costive and loose, the face of pale and yellow color, sometimes a pain and inflammation of the throat, the appetite is generally weak, and some cannot eat anything; those who have been long poisoned are generally very feeble and weak in their limbs, sometimes spit a great deal, the whole skin peels, and lastly the hair falls off.

Cesar's cure for the bite of a rattlesnake: Take of the roots of plantane or hoarhound (in summer roots and branches together), a sufficient quantity; bruise them in a mortar, and squeeze out the juice, of which give as soon as possible, one large spoonful; this generally will cure; but if he finds no relief n an hour after you may give another spoonful which never hath failed.

If the roots are dried they must be moistened with a little water.

To the wound may be applied a leaf of good tobacco, moistened with rum.

The Massachusetts Magazine, IV, 103-104 (1792).

² *The Pennsylvania Gazette*, Sept. 11, 1740.

³ *The City Gazette and Daily Advertiser*, June 22, 1797.

cine is seen from the fact that it was practiced upon George Washington in his last illness. An instance of this sort of professional development among the Negroes appears in the case of the barber, Joseph Ferguson. Prior to 1861 he lived in Richmond, Virginia, uniting the three occupations of leecher, cupper, and barber. This led to his taking up the study of medicine in Michigan, where he graduated and practiced for many years.

The first regularly recognized Negro physician, of whom there is a complete record, was James Derham, of New Orleans. He was born in Philadelphia in 1762, where he was taught to read and write, and instructed in the principles of Christianity. When a boy he was transferred by his master to Dr. John Kearsley, Jr., who employed him occasionally to compound medicines, and to perform some of the more humble acts of attention to his patients. Upon the death of Dr. Kearsley, he became (after passing through several hands) the property of Dr. George West, surgeon to the Sixteenth British Regiment, under whom, during the Revolutionary War, he performed many of the menial duties of the medical profession. At the close of the war, he was sold by Dr. West to Dr. Robert Dove at New Orleans, who employed him as an assistant in his business, in which capacity he gained so much of his confidence and friendship, that he consented to liberate him, after two or three years, upon easy terms. From Dr. Derham's numerous opportunities of improving in medicine, he became so well acquainted with the healing art, as to commence practicing in New Orleans, under the patronage of his last master. He once did business to the amount of three thousand dollars a year. Benjamin Rush, who had the opportunity to meet him, said: "I have conversed with him upon most of the acute and epidemic diseases of the country where he lives and was pleased to find him perfectly acquainted with the modern simple mode of practice on those diseases. I expected to have suggested some new medicines to him; but he suggested many more to me. He is very modest and engaging in his manners. He speaks

French fluently and has some knowledge of the Spanish language.”⁴

The most noted colored physician after the time of James Derham was Doctor James McCune Smith, a graduate of the University of Glasgow. He began the practice of medicine in New York about 1837, and soon distinguished himself as a physician and surgeon. He passed as a man of unusual merit not only among his own people but among the best elements of that metropolis. That he was appreciated by the leading white physicians of the city is evidenced by the fact that in 1852 he was nominated as one of the five men to draft a constitution for the “Statistic Institute” of which he became a leading member. For a number of years he held the position of physician to the colored orphan asylum, serving on the staff with a number of white doctors.

Living in a day when the Negro was the subject of much anthropological and physiological discussion, Doctor Smith could not resist participating in this controversy. There were at this time a number of persons who were resorting to science to prove the inferiority of the Negro. Given a hearing extending over several evenings, Doctor Smith ably discussed “The Comparative Anatomy of the Races” before an assembly of the most distinguished ladies and gentlemen of the city, triumphing over his antagonist. In 1846 he produced a valuable work entitled “The Influence of Climate on Longevity, with Special Reference to Insur-
ance.” This paper was written as a refutation of a disquisition of John C. Calhoun on the colored race. Among other things Doctor Smith said: “The reason why the proportion of mortality is not a measure of longevity, is the following: The proportion of mortality is a statement of how many persons die in a population; this, of course, does not state the age at which those persons die. If 1 in 45 die in Sweden, and 1 in 22 in Grenada, the age of the dead might be alike in both countries; here the greater mortality might actually accompany the greater longevity.”⁵

⁴ *The Columbian Gazette*, II, 742-743.

⁵ Delany, “Condition of the Colored People,” 111.

The first real impetus to bring Negroes in considerable numbers into the professional world came from the American Colonization Society, which in the early years flourished in the South as well as in the North. This organization hoped to return the free Negroes to Africa and undertook to prepare professional leaders of their race for the Liberian colony. "To execute this scheme, leaders of the colonization movement endeavored to educate Negroes in mechanic arts, agriculture, science and Biblical literature. Exceptionally bright youths were to be given special training as catechists, teachers, preachers and physicians. Not much was said about what they were doing, but now and then appeared notices of Negroes who had been prepared privately in the South or publicly in the North for service in Liberia. Dr. William Taylor and Dr. Fleet were thus educated in the District of Columbia. In the same way John V. DeGrasse, of New York, and Thomas J. White, of Brooklyn, were allowed to complete the medical course at Bowdoin in 1849. In 1854 Dr. DeGrasse was admitted as a member of the Massachusetts Medical Society. In 1858 the Berkshire Medical School graduated two colored doctors who were gratuitously educated by the American Educational Society."⁶ Dr. A. T. Augusta studied medicine at the University of Toronto. He qualified by competitive examination and obtained the position of surgeon in the United States Army, being the first Negro to hold such a position. After the war he became one of the leading colored physicians in the District of Columbia. Prior to 1861 Negroes had taken courses at the Medical School of the University of New York; Caselton Medical School in Vermont; Berkshire Medical School in Pittsfield, Massachusetts; the Rush Medical School in Chicago; the Eclectic Medical School in Philadelphia; the Homeopathic College of Cleveland; and the Medical School of Harvard University.

The next colored physician of prominence was Martin R. Delany. Delany grew to manhood in Pittsburgh, where early in his career he began the study of medicine, but aban-

⁶ C. G. Woodson, "The Education of the Negro Prior to 1861."

done it for pursuits in other parts. In 1849 he returned to that city and resumed his studies under Doctors Joseph P. Gazzan and Francis J. Lemoyne, who secured for him admission to the medical department of Harvard College after he had been refused by the University Pennsylvania, Jefferson College, and the medical colleges of Albany and Geneva, New York. After leaving Harvard, he, like Dr. Smith, became interested in the discussion of the superiority and inferiority of races, and traveled extensively through the West, lecturing with some success on the physiological aspect of these subjects. He then returned to Pittsburgh, where he became a practitioner and distinguished himself in treating the cholera during the epidemic of 1854. About this time his worth to the community was attested by his appointment as a member of the Subcommittee of Referees who furnished the Municipal Board of Charity with medical advice as to the needs of white and colored persons desiring aid. In 1856 he removed to Chatham, Canada, where he practiced medicine a number of years. Doctor Delany thereafter like William Wells Brown, an occasional physician, devoted most of his time to the uplift of his people, traveling in America, Africa and England. He became such a worker among his people that he was known as a leader rather than a physician. He served in the Civil War as a commissioned officer of the United States Army, ranking as major.

Up to this point the colored physician had appeared as an occasional or exceptional individual, but hardly as forming a professional class. Following the wake of the Civil War colleges and universities were planted in all parts of the South for the sake of preparing leaders for the newly emancipated race. Several medical schools were established in connection with these institutions. The rise of the Negro physician as a professional class may be dated from the establishment of these institutions. The School of Medicine of Howard University, Washington, D. C., and the Meharry Medical College at Nashville, Tennessee, proved to be the strongest of these institutions and to-day are supplying the Negro medical profession with a large number of its annual recruits.

Dr. Charles B. Purvis, who was graduated from the Medical College of Western Reserve University in Cleveland, Ohio, in 1865, is perhaps the oldest colored physician in the United States; and by general consent ranks as dean of the fraternity. He shared with Dr. A. T. Augusta the honor of being one of the few colored men to become surgeons in the United States Army. Shortly after graduation he was made assistant surgeon in the Freedmen's Hospital at Washington, D. C., with which institution he was connected during the entire period of his active professional life. The development and present position of the medical school at Howard University is due to Dr. Purvis more than to any other single individual. For several years he has been retired upon the Carnegie Foundation. Dr. George W. Hubbard, a distinguished white physician, dean of the Meharry Medical College, Nashville, Tennessee, has also been a great pioneer and promoter of the medical education of the Negro race.

At first, the Negro patient refused to put confidence in the physician of his own race, notwithstanding the closer intimacy of social contact. It was not until after he had demonstrated his competency to treat disease as well as his white competitor that he was able to win recognition among his own people. The colored physician is everywhere in open competition with the white practitioner, who never refuses to treat Negro patients, if allowed to assume the disdainful attitude of racial superiority. If the Negro doctor did not secure practically as good results in the treatment of disease as the white physician, he would soon find himself without patients.

According to the last census there were in the United States 3,077 Negro physicians and 478 Negro dentists. When we consider the professional needs of ten millions of Negroes, it will be seen that the quota is not over one fourth full. There is urgent need especially for an additional number of pharmacists and dentists. It must be said for the Negro physician that their membership more fully measures up to the full status of a professional class than

that of any other profession among colored men. Every member of the profession must have a stated medical education based upon considerable academic preparation, sufficient to enable them to pass the rigid tests of State Boards in various parts of the country. The best regulated medical schools are now requiring at least two years of college training as a basis for entering upon the study of medicine. Under the stimulus of these higher standards the Negro medical profession will become more thoroughly equipped and proficient in the years to come.

These physicians maintain a national medical association which meets annually in different parts of the country and prepare and discuss papers bearing upon the various phases of their profession. There are under the control of Negro physicians a number of hospitals where are performed operations verging upon the limits of surgical skill. The profession has developed not a few physicians and surgeons whose ability has won recognition throughout their profession. A number of them have performed operations which have attracted wide attention and have contributed to leading journals discussions dealing with the various forms and phases of disease, as well as their medical and surgical treatment.

By reason of the stratum which the Negro occupies, the race is an easy prey to disease that affects the health of the whole nation. The germs of disease have no race prejudice. They do not even draw the line at social equality, but gnaw with equal avidity at the vitals of white and black alike, and pass with the greatest freedom of intercourse from the one to the other. One touch of disease makes the whole world kin, and also kind. The Negro physician comes into immediate contact with the masses of his race; he is the missionary of good health. His ministration is not only to his own race, but to the community and to the nation as a whole. The white plague seems to love the black victim. This disease must be stamped out by the nation through concerted action. The Negro physician is one of the most efficient

agencies to render this national service. During the entire history of the race on this continent, there has been no more striking indication of its capacity for self-reclamation and of its ability to maintain a professional class on the basis of scientific efficiency than the rise and success of the Negro physician.

KELLY MILLER